

2012 MONTHLY RATE CHART FOR ACTIVE EMPLOYEES

*This Chart applies to all Employees whose positions are represented by any of the following units:*  
**HACM, RACM, & MEDC EMPLOYEES**

**HEALTH & DENTAL PLAN "EMPLOYEE RATE" INFORMATION**

An employee will pay the rate listed below under "Employee Rate" for the plan selected.

**CHART I - 2012 Employee HEALTH PLAN Payroll Contribution.**

The "Employee Rate" will be deducted from the employee twice per month from the first and second paycheck.

HEALTH PLAN	UHC CHOICE <sup>1</sup> PLAN			UHC CHOICE PLUS <sup>2</sup> PLAN (Replaces the City's Basic Plan)		
	UHC CHOICE PLAN	City Share	Employee Rate	UHC Choice Plus Rate	City Share	Employee Rate
Single	\$ 311.98	\$ 279.54	\$ 32.44	\$ 396.84	\$ 354.22	\$ 42.62
Employee + Dependents	\$ 467.97	\$ 416.81	\$ 51.16	\$ 595.26	\$ 528.83	\$ 66.43
Employee + Spouse	\$ 623.96	\$ 559.08	\$ 64.88	\$ 793.68	\$ 708.44	\$ 85.24
Family	\$ 935.94	\$ 833.63	\$ 102.31	\$ 1,190.51	\$ 1,057.65	\$ 132.86

<sup>1</sup>This is the HMO equivalent.

<sup>2</sup>This is the Basic Plan equivalent.

**CHART II - 2012 Employee DENTAL PLAN Payroll Contribution.**

The "Employee Rate" will be deducted from the employee twice per month from the first and second paycheck.

DENTAL PLAN	SINGLE PREMIUM	City Share	Single Employee Rate	FAMILY PREMIUM	City Share	Family Employee Rate
WPS/Delta Dental	\$ 12.48	\$ 6.50	\$ 5.98	\$ 43.10	\$ 18.75	\$ 24.35
Care-Plus	\$ 21.93	\$ 6.50	\$ 15.43	\$ 64.63	\$ 18.75	\$ 45.88
DentalBlue	\$ 23.63	\$ 6.50	\$ 17.13	\$ 70.89	\$ 18.75	\$ 52.14

**DISCLAIMER:** The benefit design and rate equivalents are subject to change by Common Council action.

All rates/premiums and Employee Share amounts shown on this chart are shown as semi-monthly (twice per month) figures to reflect the fact that employee payroll deductions will take place twice per month, on the first and second paychecks of each month. Multiply the Rates/Premiums and Employee Share amounts by two (2) to calculate the full amounts..

2012 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:

**GC Management; DC #48; NMNR; TEAM; Assc of Scient Pers; Assc of Muni Attys; MBCTC (eff 8/1/12); SNC; Loc 510 IAM; Loc 494 Mach; Loc 75 Plumbers; Loc 195 Bridge Operators; Loc 139; Loc 61 Sanitation; ALEASP; Police Aides; Loc 494 FEDS; Loc 494 Electrical (eff 6/1/12)**

HEALTH PLAN "EMPLOYEE RATE" INFORMATION

An employee will pay twice per month the rate listed below under "Employee Rate" for the plan selected.

CHART I - 2012 Employee HEALTH PLAN Payroll Contribution.

The "Employee Rate" will be deducted from the employee twice per month from the first and second paycheck.

HEALTH PLAN	<sup>1</sup> UHC CHOICE PLAN			<sup>2</sup> UHC CHOICE PLUS PLAN (Replaces the City's Basic Plan)		
	UHC CHOICE PLAN	City Share	Employee Rate	UHC CHOICE PLUS PLAN	City Share	Employee Rate
Single	\$ 311.98	\$ 279.54	\$ 32.44	\$ 396.84	\$ 354.22	\$ 42.62
Employee + Dependents	\$ 467.97	\$ 416.81	\$ 51.16	\$ 595.26	\$ 528.83	\$ 66.43
Employee + Spouse	\$ 623.96	\$ 559.08	\$ 64.88	\$ 793.68	\$ 708.44	\$ 85.24
Family	\$ 935.94	\$ 833.63	\$ 102.31	\$ 1,190.51	\$ 1,057.65	\$ 132.86

<sup>1</sup>This is the HMO equivalent.

<sup>2</sup>This is the Basic Plan equivalent.

CHART II - 2012 Employee DENTAL PLAN Payroll Contribution.

The "Employee Rate" will be deducted from the employee twice per month from the first and second paycheck.

DENTAL PLAN	SINGLE PREMIUM	City Share	Single Employee Rate	FAMILY PREMIUM	City Share	Family Employee Rate
WPS/Delta Dental	\$ 12.48	\$ 6.50	\$ 5.98	\$ 43.10	\$ 18.75	\$ 24.35
Care-Plus	\$ 21.93	\$ 6.50	\$ 15.43	\$ 64.63	\$ 18.75	\$ 45.88
DentalBlue	\$ 23.63	\$ 6.50	\$ 17.13	\$ 70.89	\$ 18.75	\$ 52.14

**DISCLAIMER:** The benefit design and rate equivalents are subject to change by Common Council action.

**NOTE:** All rates/premiums and Employee Share amounts shown on this chart are shown as semi-monthly (twice per month) figures to reflect the fact that employee payroll deductions will take place twice per month, on the first and second paychecks of each month. Multiply the Rates/Premiums and Employee Share amounts by two (2) to calculate the full amounts..

2012 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:  
**Milwaukee Professional Fire Fighters' Assc - Loc 215**

**HEALTH PLAN "EMPLOYEE RATE" INFORMATION**

An employee will pay twice per month the rate listed below under "Employee Rate" for the plan selected.

**CHART I - 2012 Employee HEALTH PLAN Payroll Contribution.**

The "Employee Rate" will be deducted from the employee twice per month from the first and second paycheck.

	<sup>1</sup> <b>UHC CHOICE PLAN</b>			<sup>2</sup> <b>UHC CHOICE PLUS PLAN</b> (Replaces the City's Basic Plan)		
<b>HEALTH PLAN</b>	<b>UHC CHOICE PLAN</b>	<b>City Share</b>	<b>Employee Rate</b>	<b>UHC CHOICE PLUS PLAN</b>	<b>City Share</b>	<b>Employee Rate</b>
<b>Single</b>	\$ 311.98	\$ 279.54	<b>\$ 32.44</b>	\$ 396.84	\$ 354.22	<b>\$ 42.62</b>
<b>Employee +</b>	\$ 467.97	\$ 416.81	<b>\$ 51.16</b>	\$ 595.26	\$ 528.83	<b>\$ 66.43</b>
<b>Employee + Spouse</b>	\$ 623.96	\$ 559.08	<b>\$ 64.88</b>	\$ 793.68	\$ 708.44	<b>\$ 85.24</b>
<b>Family</b>	\$ 935.94	\$ 833.63	<b>\$ 102.31</b>	\$ 1,190.51	\$ 1,057.65	<b>\$ 132.86</b>

<sup>1</sup>This is the HMO equivalent.

<sup>2</sup>This is the Basic Plan equivalent.

**CHART II - 2012 Employee DENTAL Plan Payroll Contribution**

<b>DENTAL PLAN</b>	<b>Semi-Monthly SINGLE PREMIUM</b>	<b>Semi-Monthly CITY SHARE</b>	<b>Single Employee Rate</b>	<b>Semi-Monthly FAMILY PREMIUM</b>	<b>Semi-Monthly CITY SHARE</b>	<b>Family Employee Rate</b>
<b>WPS/Delta Dental</b>	\$ 14.43	\$ 6.50	<b>\$ 7.93</b>	\$ 41.34	\$ 18.75	<b>\$ 22.59</b>
<b>Care-Plus</b>	\$ 21.93	\$ 6.50	<b>\$ 15.43</b>	\$ 64.63	\$ 18.75	<b>\$ 45.88</b>
<b>DentalBlue</b>	\$ 23.63	\$ 6.50	<b>\$ 17.13</b>	\$ 70.89	\$ 18.75	<b>\$ 52.14</b>

NOTE:

All rates/premiums and Employee Share amounts shown on this chart are shown as semi-monthly (twice per month) figures to reflect the fact that employee payroll deductions will take place twice per month, on the first and second paychecks of each month. Multiply the Rates/Premiums and Employee Share amounts by two (2) to calculate the full amounts..

## 2012 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:  
**Sworn Fire Management**

### **HEALTH PLAN "EMPLOYEE RATE" INFORMATION**

An employee will pay twice per month the rate listed below under "Employee Rate" for the plan selected.

### **CHART I - 2012 Employee HEALTH PLAN Payroll Contribution.**

The "Employee Rate" will be deducted from the employee twice per month from the first and second paycheck.

HEALTH PLAN	<sup>1</sup> <b>UHC CHOICE PLAN</b>			<sup>2</sup> <b>UHC CHOICE PLUS PLAN</b> (Replaces the City's Basic Plan)		
	UHC CHOICE PLAN	City Share	Employee Rate	UHC CHOICE PLUS PLAN	City Share	Employee Rate
<b>Single</b>	\$ 311.98	\$ 279.54	<b>\$ 32.44</b>	\$ 396.84	\$ 354.22	<b>\$ 42.62</b>
<b>Employee + Dependents</b>	\$ 467.97	\$ 416.81	<b>\$ 51.16</b>	\$ 595.26	\$ 528.83	<b>\$ 66.43</b>
<b>Employee + Spouse</b>	\$ 623.96	\$ 559.08	<b>\$ 64.88</b>	\$ 793.68	\$ 708.44	<b>\$ 85.24</b>
<b>Family</b>	\$ 935.94	\$ 833.63	<b>\$ 102.31</b>	\$ 1,190.51	\$ 1,057.65	<b>\$ 132.86</b>

<sup>1</sup>This is the HMO equivalent.

<sup>2</sup>This is the Basic Plan equivalent.

### **CHART II - 2012 Employee DENTAL Plan Payroll Contribution**

DENTAL PLAN	SINGLE PREMIUM	City Share	Single Employee Rate	FAMILY PREMIUM	City Share	Family Employee Rate
<b>WPS/Delta Dental</b>	\$ 14.43	\$ 6.50	<b>\$ 7.93</b>	\$ 41.34	\$ 18.75	<b>\$ 22.59</b>
<b>Care-Plus</b>	\$ 21.93	\$ 6.50	<b>\$ 15.43</b>	\$ 64.63	\$ 18.75	<b>\$ 45.88</b>
<b>DentalBlue</b>	\$ 23.63	\$ 6.50	<b>\$ 17.13</b>	\$ 70.89	\$ 18.75	<b>\$ 52.14</b>

**DISCLAIMER:** The benefit design and rate equivalents are subject to change by Common Council action.

**NOTE:** All rates/premiums and Employee Share amounts shown on this chart are shown as semi-monthly (twice per month) figures to reflect the fact that employee payroll deductions will take place twice per month, on the first and second paychecks of each month. Multiply the Rates/Premiums and Employee Share amounts by two (2) to calculate the full amounts..

## 2012 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:  
**Milwaukee Police Association (MPA); Milwaukee Police Supervisors Organization**

### HEALTH PLAN "EMPLOYEE RATE" INFORMATION

An employee will pay twice per month the rate listed below under "Employee Rate" for the plan selected.

### CHART I - 2012 Employee HEALTH PLAN Payroll Contribution.

The "Employee Rate" will be deducted from the employee twice per month from the first and second paycheck.

	<sup>1</sup> <b>UHC CHOICE PLAN</b>			<sup>2</sup> <b>UHC CHOICE PLUS PLAN</b> (Replaces the City's Basic Plan)		
<b>HEALTH PLAN</b>	<b>UHC CHOICE PLAN</b>	<b>City Share</b>	<b>Employee Rate</b>	<b>UHC CHOICE PLUS PLAN</b>	<b>City Share</b>	<b>Employee Rate</b>
<b>Single</b>	\$ 311.98	\$ 279.54	<b>\$ 32.44</b>	\$ 396.84	\$ 354.22	<b>\$ 42.62</b>
<b>Employee +</b>	\$ 467.97	\$ 416.81	<b>\$ 51.16</b>	\$ 595.26	\$ 528.83	<b>\$ 66.43</b>
<b>Employee + Spouse</b>	\$ 623.96	\$ 559.08	<b>\$ 64.88</b>	\$ 793.68	\$ 708.44	<b>\$ 85.24</b>
<b>Family</b>	\$ 935.94	\$ 833.63	<b>\$ 102.31</b>	\$ 1,190.51	\$ 1,057.65	<b>\$ 132.86</b>

<sup>1</sup>This is the HMO equivalent.

<sup>2</sup>This is the Basic Plan equivalent.

### CHART II - 2012 Employee DENTAL Plan Payroll Contribution

<b>DENTAL PLAN</b>	<b>Semi-Monthly SINGLE PREMIUM</b>	<b>Semi-Monthly CITY SHARE</b>	<b>Single Employee Rate</b>	<b>Semi-Monthly FAMILY PREMIUM</b>	<b>Semi-Monthly CITY SHARE</b>	<b>Family Employee Rate</b>
<b>WPS/Delta Dental</b>	\$ 14.47	\$ 6.50	<b>\$ 7.97</b>	\$ 44.03	\$ 18.75	<b>\$ 25.28</b>
<b>Care-Plus</b>	\$ 21.93	\$ 6.50	<b>\$ 15.43</b>	\$ 64.63	\$ 18.75	<b>\$ 45.88</b>
<b>DentalBlue</b>	\$ 23.63	\$ 6.50	<b>\$ 17.13</b>	\$ 70.89	\$ 18.75	<b>\$ 52.14</b>

**NOTE:**

All rates/premiums and Employee Share amounts shown on this chart are shown as semi-monthly (twice per month) figures to reflect the fact that employee payroll deductions will take place twice per month, on the first and second paychecks of each month. Multiply the Rates/Premiums and Employee Share amounts by two (2) to calculate the full amounts..

## 2012 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:  
**Sworn Police Management**

### HEALTH PLAN "EMPLOYEE RATE" INFORMATION

An employee will pay twice per month the rate listed below under "Employee Rate" for the plan selected.

#### CHART I - 2012 Employee HEALTH PLAN Payroll Contribution.

The "Employee Rate" will be deducted from the employee twice per month from the first and second paycheck.

HEALTH PLAN	<sup>1</sup> UHC CHOICE PLAN			<sup>2</sup> UHC CHOICE PLUS PLAN (Replaces the City's Basic Plan)		
	UHC CHOICE PLAN	City Share	Employee Rate	UHC CHOICE PLUS PLAN	City Share	Employee Rate
<b>Single</b>	\$ 311.98	\$ 279.54	<b>\$ 32.44</b>	\$ 396.84	\$ 354.22	<b>\$ 42.62</b>
<b>Employee + Dependents</b>	\$ 467.97	\$ 416.81	<b>\$ 51.16</b>	\$ 595.26	\$ 528.83	<b>\$ 66.43</b>
<b>Employee + Spouse</b>	\$ 623.96	\$ 559.08	<b>\$ 64.88</b>	\$ 793.68	\$ 708.44	<b>\$ 85.24</b>
<b>Family</b>	\$ 935.94	\$ 833.63	<b>\$ 102.31</b>	\$ 1,190.51	\$ 1,057.65	<b>\$ 132.86</b>

<sup>1</sup>This is the HMO equivalent.

<sup>2</sup>This is the Basic Plan equivalent.

#### CHART II - 2012 Employee DENTAL Plan Payroll Contribution

DENTAL PLAN	SINGLE PREMIUM	City Share	Single Employee Rate	FAMILY PREMIUM	City Share	Family Employee Rate
<b>WPS/Delta Dental</b>	\$ 14.47	\$ 6.50	<b>\$ 7.97</b>	\$ 44.03	\$ 18.75	<b>\$ 25.28</b>
<b>Care-Plus</b>	\$ 21.93	\$ 6.50	<b>\$ 15.43</b>	\$ 64.63	\$ 18.75	<b>\$ 45.88</b>
<b>DentalBlue</b>	\$ 23.63	\$ 6.50	<b>\$ 17.13</b>	\$ 70.89	\$ 18.75	<b>\$ 52.14</b>

**DISCLAIMER:** The benefit design and rate equivalents are subject to change by Common Council action.

**NOTE:** All rates/premiums and Employee Share amounts shown on this chart are shown as semi-monthly (twice per month) figures to reflect the fact that employee payroll deductions will take place twice per month, on the first and second paychecks of each month. Multiply the Rates/Premiums and Employee Share amounts by two (2) to calculate the full amounts..



2012 RATE CHART FOR ACTIVE LBE EMPLOYEES

This Chart applies to all employees whose positions are represented by any of the following units: <b>Limited Benefit Employees (LBE) (Part-time employees); Seasonal Laborers;</b> <b>GC Management; NMNR; ALEASP (Clerical); Police Service Specialist (ALEASP); DC #48; MBCTC (eff 8/1/12);</b> <b>TEAM; Assc of Scient Pers; Assc of Muni Atty; SNC; Loc 139; Loc 61 Sanitation;</b> <b>Loc 195 Bridge Operators; Loc 78 Plumbers; Loc 494 Mach Shop; Loc 510 IAM; Loc 494 Electrical (eff 6/1/12)</b> <i>(Seasonal employees are not eligible for City dental coverage)</i>						
---	--	--	--	--	--	--

HEALTH PLAN "LBE EMPLOYEE RATE" COMPUTATION

For 2012, a LBE employee will contribute **25% of the single required City contribution** and **40% of the family required City contribution** towards the subscriber cost in a single or family plan. Your contribution will be deducted as a payroll deduction from your 1st and 2nd paycheck of each month.

CHART I - 2012 LBE Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	<sup>1</sup> UHC CHOICE PLAN			<sup>2</sup> UHC CHOICE PLUS PLAN (Replaces the City's Basic Plan)		
	UHC CHOICE"EPO" PLAN	Single Required City Contribution	Employee Rate	UHC CHOICE PLUS PLAN	Family Required City Contribution	Employee Rate
Single	\$ 311.98	\$ 279.54	\$ 64.89	\$ 396.84	\$ 354.22	\$ 83.56
Employee + Dependents	\$ 467.97	\$ 416.81	\$ 161.72	\$ 595.26	\$ 528.83	\$ 206.53
Employee + Spouse	\$ 623.96	\$ 559.08	\$ 213.63	\$ 793.68	\$ 708.44	\$ 273.38
Family	\$ 935.94	\$ 833.63	\$ 323.45	\$ 1,190.51	\$ 1,057.65	\$ 413.06

<sup>1</sup>This is the HMO equivalent.  
<sup>2</sup>This is the Basic Plan equivalent.

CHART II - 2012 LBE Employee DENTAL Plan Payroll Contribution

DENTAL PLAN	SINGLE PREMIUM	City Share	Single Employee Rate	FAMILY PREMIUM	City Share	Family Employee Rate
WPS/Delta Dental	\$ 12.48	\$ 3.25	\$ 9.23	\$ 43.10	\$ 9.38	\$ 33.73
Care-Plus	\$ 21.93	\$ 3.25	\$ 18.68	\$ 64.63	\$ 9.38	\$ 55.26
DentalBlue	\$ 23.63	\$ 3.25	\$ 20.38	\$ 70.89	\$ 9.38	\$ 61.51

**DISCLAIMER:** The benefit design and rate equivalents are subject to change by Common Council action.

**NOTE:** All rates/premiums and Employee Share amounts shown on this chart are shown as semi-monthly (twice per month) figures to reflect the fact that employee payroll deductions will take place twice per month, on the first and second paychecks of each month. Multiply the Rates/Premiums and Employee Share amounts by two (2) to calculate the full amounts..

**City of Milwaukee**  
**DER/Employee Benefits Division**  
**Full Premium Rates (100%)**

**2012 C.O.B.R.A. HEALTH PREMIUM RATES**

<b><u>HEALTH</u></b>	<b><u>UHC Choice Plus Rate</u></b>	<b><u>UHC Choice Rate</u></b>
Single	\$793.67	\$623.96
Employee + Dependents	\$1,190.51	\$935.94
Employee + Spouse	\$1,587.35	\$1,247.92
Family	\$2,381.01	\$1,871.87

**2012 C.O.B.R.A. DENTAL PREMIUM RATES**

<b><u>General City Dental</u></b>	<b><u>WPS/DELTA</u></b>	<b><u>CAREPLUS</u></b>	<b><u>DENTALBLUE</u></b>
Single	\$24.95	\$43.86	\$47.25
Family	\$86.20	\$129.26	\$141.77
<b><u>Fire Dental</u></b>			
Single	\$28.86	\$43.86	\$47.25
Family	\$82.68	\$129.26	\$141.77
<b><u>Police Dental</u></b>			
Single	\$28.94	\$43.86	\$47.25
Family	\$88.05	\$129.26	\$141.77

**City of Milwaukee**  
**DER/Employee Benefits Division**  
**Rates include a 2% Admin Fee**

**2012 C.O.B.R.A. HEALTH PREMIUM RATES**

<b><u>HEALTH</u></b>	<b><u>UHC Choice Plus Rate</u></b>	<b><u>UHC Choice Rate</u></b>
Single	\$809.55	\$636.44
Employee + Dependents	\$1,214.33	\$954.66
Employee + Spouse	\$1,619.10	\$1,272.88
Family	\$2,428.64	\$1,909.31

**2012 C.O.B.R.A. DENTAL PREMIUM RATES**

<b><u>General City Dental</u></b>	<b><u>WPS/DELTA</u></b>	<b><u>CAREPLUS</u></b>	<b><u>DENTALBLUE</u></b>
Single	\$25.45	\$44.74	\$48.20
Family	\$87.93	\$131.85	\$144.61
<b><u>Fire Dental</u></b>			
Single	\$29.44	\$44.74	\$48.20
Family	\$84.34	\$131.85	\$144.61
<b><u>Police Dental</u></b>			
Single	\$29.52	\$44.74	\$48.20
Family	\$89.82	\$131.85	\$144.61



**City of Milwaukee**  
**Dept of Employee Relations**

**2012 Retiree Health Rates**

	<b>UHC Choice Plus Rate</b>	<b>UHC Choice Rate</b>
Single	\$793.67	\$623.96
Employee + Dependents	\$1,190.51	\$935.94
Employee + Spouse	\$1,587.35	\$1,247.92
Family	\$2,381.01	\$1,871.87

**2012 Dental Premium Rates**

	<b><u>WPS/DELTA</u></b>	<b><u>CAREPLUS</u></b>	<b><u>DENTALBLUE</u></b>
	<b><u>General City Dental</u></b>		
Single	\$24.95	\$43.86	\$47.25
Family	\$86.20	\$129.26	\$141.77
	<b><u>Fire Dental</u></b>		
Single	\$28.86	\$43.86	\$47.25
Family	\$82.68	\$129.26	\$141.77
	<b><u>Police Dental</u></b>		
Single	\$28.94	\$43.86	\$47.25
Family	\$88.05	\$129.26	\$141.77

Full Premium Rates (100%)

**2012 C.O.B.R.A. Health Premium Rates**

**Disability Retirees**

	<b>UHC Choice Plus Rate</b>	<b>UHC Choice Rate</b>
Single	\$1,190.51	\$935.94
Employee + Dependents	\$1,785.77	\$1,403.91
Employee + Spouse	\$2,381.03	\$1,871.88
Family	\$3,571.52	\$2,807.81

Rates include a 50% Admin Fee

**2012 C.O.B.R.A. DENTAL PREMIUM RATES**

	<b><u>WPS/DELTA</u></b>	<b><u>CAREPLUS</u></b>	<b><u>DENTALBLUE</u></b>
	<b><u>General City Dental</u></b>		
Single	\$37.43	\$65.79	\$70.88
Family	\$129.30	\$193.89	\$212.66
	<b><u>Fire Dental</u></b>		
Single	\$43.29	\$65.79	\$70.88
Family	\$124.02	\$193.89	\$212.66
	<b><u>Police Dental</u></b>		
Single	\$43.41	\$65.79	\$70.88
Family	\$132.08	\$193.89	\$212.66

Rates include a 50% Admin Fee

City of Milwaukee  
DER/Employee Benefits Division  
Medical Benefits Section

## C.O.B.R.A DISABILITY EXTENSION RATES

### 2012 C.O.B.R.A. HEALTH DISABILITY EXTENSION RATES (x 1.5%)

Rates Include a 50% Admin Fee	UHC Choice Plus Rate	UHC Choice Rate
Single	\$1,190.51	\$935.94
Employee + Dependents	\$1,785.77	\$1,403.91
Employee + Spouse	\$2,381.03	\$1,871.88
Family	\$3,571.52	\$2,807.81

### 2012 C.O.B.R.A. DENTAL DISABILITY EXTENSION RATES (x 1.5%)

Rates Include a 50% Admin Fee	Delta Dental	CarePlus Dental	DentalBlue

#### GENERAL CITY

Single	\$37.43	\$65.79	\$70.88
Family	\$129.30	\$193.89	\$212.66

#### FIRE

Single	\$43.29	\$65.79	\$70.88
Family	\$124.02	\$193.89	\$212.66

#### POLICE

Single	\$43.41	\$65.79	\$70.88
Family	\$132.08	\$193.89	\$212.66

If you have questions, please call our office at (414) 286-3184 and your question(s) will be directed to the appropriate person.